

Survey of

Childhood Unintentional Injury

Prevention Services

In San Joaquin County

This publication was prepared for:
The First 5 San Joaquin Children and Families Commission

By
The Center for Health Improvement

September 2003

Table of Contents

<i>Introduction</i>	<i>1</i>
About First 5 San Joaquin Children and Families Commission	1
Project Overview, Objectives, and Rationale	1
Overview of Participating Agencies	2
Acknowledgements	3
<i>Data Collection and Methodology</i>	<i>3</i>
Phase I: Prevention Program matrix	3
Phase 2: Key informant interviews	3
Comparing Injury Statistics	4
<i>Data Analysis</i>	<i>4</i>
Phase I: Prevention Program Matrix	4
Phase II: Key Informant Interviews	7
<i>Recommendations</i>	<i>11</i>
<i>Unintentional Injury Funding Opportunities</i>	<i>13</i>
Private Foundations	13
Commission Leveraging Recommendations	14
Potential Collaborators	14
Organizations in the Community	16
<i>References</i>	<i>17</i>
<i>Appendix</i>	<i>18</i>
Appendix A	Prevention Program Matrix
Appendix B	Prevention Program Matrix Verification Form
Appendix C	Key Informant Participant List
Appendix D	Key Informant Interview Survey Instrument
Appendix E	San Joaquin County Map

San Joaquin County Unintentional Injury Report

Introduction

About First 5 San Joaquin Children and Families Commission

The First 5 San Joaquin Children and Families Commission (Commission) was created in 1998 to improve the health of children prenatal to age five and their parents living in the county. The Commission and its initiatives are supported by a state tobacco product tax whose funds – according to Proposition 10 -- are dedicated to improving the health of young children.

According to the Centers for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS) database, unintentional injury ranked as the number one cause of death for U.S. children aged one to five for the last ten years data is available (1990-2000). Unintentional injury is described as any type of injury that occurs without purposeful intent. The CDC's Healthy People 2010, a nationwide health improvement initiative has as one of its goals to "...reduce injuries, disabilities, and deaths due to unintentional injuries..."

As part of its effort to improve health services for children, the Commission retained the Center for Health Improvement (CHI) to assess current unintentional injury prevention efforts countywide and make recommendations regarding potential gaps in service as well as service coordination for fire safety, motor vehicle occupant safety, poisoning prevention, fall prevention, bicycle safety and water safety in the county. The injury categories selected and the recommendations made in this report on unintentional injury prevention services reflect the focus and recommendations of Healthy People 2010. CHI is a nonprofit, nonpartisan, national health policy center committed to producing accurate and objective information about prevention to policymakers and others.

Project Overview, Objectives, and Rationale

In 1997, San Joaquin County Public Health Services published a report, *San Joaquin County Injury Report*, outlining injuries countywide, including unintentional injuries. Since that time, additional questions have been raised about the scope and nature of childhood unintentional injuries. More recent data from the California Department of Health Services, 1998-2000, reveal that 410 children under age four in San Joaquin County were hospitalized for unintentional injuries. During that same period, there were 21 fatal unintentional injuries for children in this age bracket. While these injury numbers are not out of step with counties of similar size populations -- such as Stanislaus or Monterey -- these numbers do represent unintentional injuries, which are preventable, and improvement of services can lead to a reduction in the number unintentional injuries countywide. More children die each year from unintentional injuries in San Joaquin County, as in the rest of the state, than from all other causes of death combined. Therefore, the Commission funded the Center for Health Improvement to conduct a gap analysis and in-depth assessment of current service coordination in San Joaquin focused on unintentional injuries.

The objectives for this planning grant were fourfold.

1. Expand an inventory of agencies and programs providing unintentional injury services in San Joaquin County, and produce a comprehensive list of current agencies and programs.
2. Gather information on service coordination, gaps in services and barriers.
3. Assess the sufficiency of the current resources available and service coordination levels.
4. Issue a report of recommendations outlining the most promising opportunities for additional service collaboration as well as recommendations for future funding efforts.

In February 2003, CHI began collecting data for a survey of childhood injury prevention resources available and levels of service coordination in San Joaquin County. The data collection was accomplished in two phases: Phase I was devoted to collecting program information for the Prevention Program Matrix (see Appendix A) and Phase II was devoted to completing key informant interviews (see Appendices C & D) with local experts in the prevention of unintentional injury.

In June 2003, CHI conducted key informant interviews and collected prevention services information from experts and programs working on childhood injury prevention throughout San Joaquin County. This report is an important part of our needs assessment work in San Joaquin County and provides a format to both share findings and make recommendations based on those findings.

For clarity and ease of use this report is divided into three sections: data collection, data analysis and recommendations. Our findings are augmented by graphs and information displayed geographically (see Appendix E). In addition, several more appendices are included; these provide additional technical information on the project methodology, as well as other findings that are not highlighted in the report (Appendices B, C & D).

Overview of Participating Agencies

CHI contacted more than 40 agencies and organizations to gather unintentional injury program information (for more detail, see Data Analysis). Agency representatives either participated in a key informant interview, or responded to our written survey. Appendix A lists the unintentional injury programs surveyed; these organizations were drawn from the SafeKids Coalition membership roster and represent organizations that have or are currently participating in Coalition meetings, events and activities. The SafeKids Coalition membership is comprised of volunteer representatives from local health service, safety and public health agencies and coordinated by a volunteer chairperson from the Health Plan of San Joaquin. The SafeKids Coalition roster contains contact information for various programs that provide unintentional injury services, and we added program information to the list to form the prevention program matrix. Appendix C lists the key informants and their agency or affiliation.

Acknowledgements

We thank the San Joaquin County SafeKids Coalition and its members; Pyone Cho, MPH, previous epidemiologist with San Joaquin County Public Health Services; the 16 individuals who participated in key informant interviews; and the Record for granting permission to use a base map for the geographic distribution of unintentional injury programs graphic.

Data Collection and Methodology

Phase I: Prevention Program matrix

The San Joaquin County SafeKids Coalition provided the initial list of member organizations that provide unintentional injury programs; all of these programs were contacted via phone and fax to provide additional information for the matrix. Agencies were asked to confirm the following information:

- category of injury prevention services provided
- geographic service area
- costs of services
- program services and materials available in a variety of languages
- type of services provided (e.g. – presentations, bike helmet giveaways)
- type of safety materials provided (e.g. - pamphlets, flyers, or posters)
- to what level did organizations/programs partner or collaborate with other organizations/programs.

In some cases, organizations were removed from the matrix because they no longer offered unintentional injury prevention services, or no longer had the funding to make staff available with dedicated time for unintentional injury prevention. In fewer cases, the organization had closed its doors.

Phase 2: Key informant interviews

The initial needs assessment of unintentional injury prevention programs in San Joaquin County involved the administration of key informant interviews designed to collect information on the current level of unintentional injury prevention programming available in the community and to solicit opinions on any perceived gaps. A key informant is a source who holds comprehensive insight; understanding and practical experience around an injury prevention area and is recognized as a leader in the region. Key informants can provide in-depth information about causes of the problem and an “insiders’ view” on an injury issue. The key informant interview survey instrument (see Appendix D) is comprised of 16 questions divided into four sections: coordination of services, quality of services, demand for services and materials, and recommendations for future funding. Questions were constructed in both multiple-choice and open-ended answer formats. The survey was forwarded to participants via email in advance of their interview appointment. Interviews ranged from 30 minutes to 45 minutes, with the majority of interviews lasting approximately 30 minutes.

Key informant interviews were conducted with 16 experts in unintentional injury prevention from San Joaquin County. These interviewees were located in varied locations throughout the county and focused on the key areas of unintentional injury: motor vehicle occupant safety, poisoning, bicycle safety, drowning prevention, poisoning prevention and fall prevention. The use of key informants can be extremely instructive in counties where data comparison with other similar counties (i.e. - Monterey and Stanislaus) does not offer a significant view into region-specific injury phenomena. Key informants represented the following organizations: public health services, emergency medical services, parks and recreation departments, fire and police departments, the American Red Cross, medical and poison control centers. In a few instances recommended community experts were unavailable, at which point the San Joaquin County SafeKids Coalition coordinator as well as the First 5 San Joaquin Program Coordinator provided additional sources to contact for recommendations.

Comparing Injury Statistics

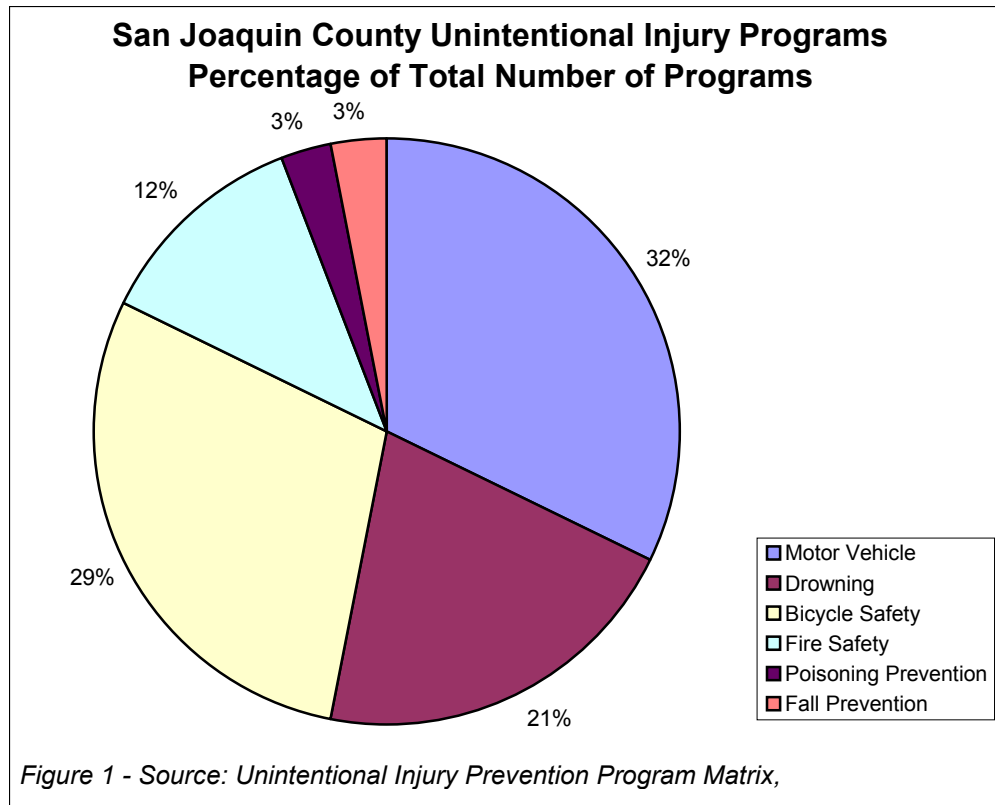
After CHI examined county injury statistics, the data pointed to six important unintentional injury categories in San Joaquin County: motor vehicle occupant safety, drowning, bicycle safety, fire safety, fall prevention, and poisoning. In an effort to confirm selection of the most pertinent childhood unintentional injury categories, these six categories were compared to county injury data from the State Department of Health Services for the past three years. Our comparison of data showed that the selected injury categories consistently ranked among the top 10 childhood injuries in the county and statewide. Additionally, unintentional injury categories surveyed in San Joaquin County coincided with the Top 10 Leading Causes of Unintentional Injury fatalities for children up to age 5 according to the Web-based Injury Statistics Query and Reporting System (WISQARS) injury database. The interactive WISQARS database system is found on the CDC's National Center for Injury Prevention and Control branch website and allows access to user modifiable injury-related data and reports.

<http://www.cdc.gov/ncipc/wisqars/default.htm>.

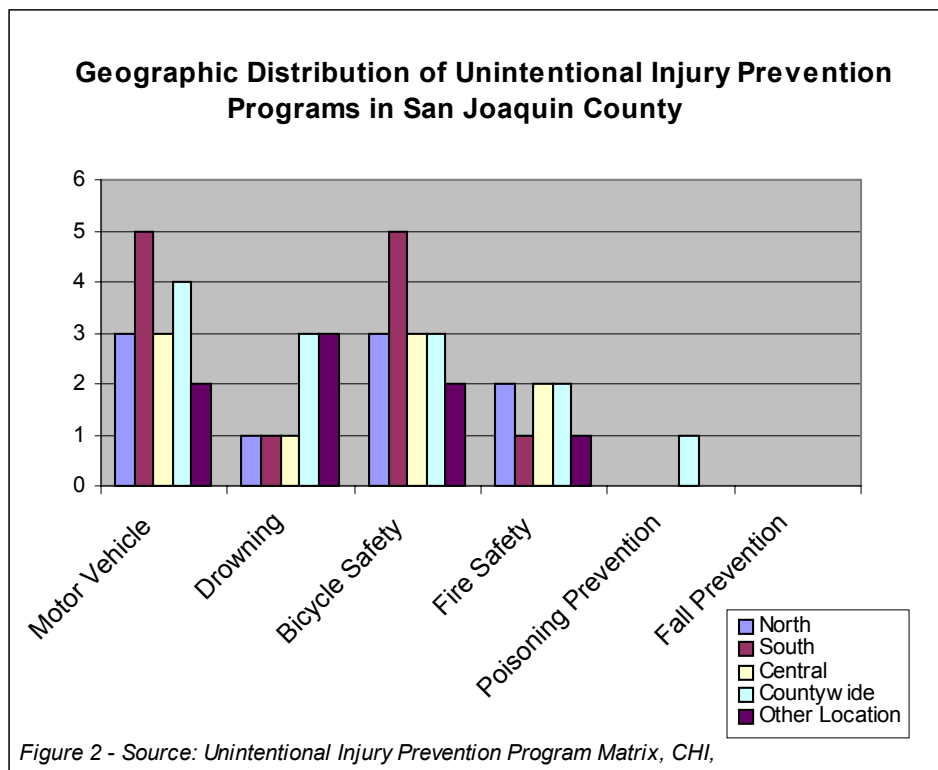
Data Analysis

Phase I: Prevention Program Matrix

From the initial list of 41 agencies listed as members of the SafeKids Coalition, surveys were sent to 31 agencies requesting more information about their unintentional injury programs and services. Multiple listings for some agencies, insufficient current information and discontinued programs reduced the number of contacted agencies to 31. Twenty-eight surveys were returned (90.3%) from participating agencies and the results were tabulated into a matrix. The matrix of prevention programs is included in Appendix A.



Motor vehicle occupant safety, bicycle safety and drowning together constitute approximately 80% of the injury prevention programs, with fire prevention, fall prevention and poisoning prevention each representing a relatively small portion of the total. Whereas, the current efforts around preventing unintentional poisonings may be sufficient but could benefit from higher awareness or more service coordination, the current lack of any fall prevention programming does not adequately address the need for some interventions to reduce falls countywide.



In the geographic distribution graph (Figure 2) and in Appendix E (Geographic distribution of Unintentional Program in San Joaquin County), there is evidence of at least some programmatic activity around unintentional injury countywide, although it is uneven. A prevention service gap is apparent in the lack of any developed child-focused fall prevention program and the small number of programs focusing on both drowning prevention and poisoning point to possible areas of improvement.

Summary

The program matrix points out a lack of certain critical programs, mainly fall prevention, which according to county, state and national data remains an all-to-frequent cause of childhood unintentional injury. Non-fatal hospitalized falls were consistently in the top three unintentional injuries for the 1998-2000 period in San Joaquin County and California for this age group (DHS) and nationally ranked in the top ten causes of unintentional injury deaths for the same age group and time period (CDC). The good news is that the majority of programs and services are free; in fact our survey results indicate that only one water safety program charges for its services. Based on the responses from the key informant interviews it is apparent that some programs are collaborating, but it appears many of these programs collaborate with the same partners on a regular basis. These programs have perhaps become comfortable in devoting their time and resources to collaborating in one specific region and not necessarily seeking opportunities to collaborate in a countywide effort.

Phase II: Key Informant Interviews

Interviewees were asked six questions pertaining to service coordination levels. Respondents answered several questions related to their specific area of injury expertise and related to injury prevention programs countywide.

Coordination of Services

When asked about the level of coordination among injury prevention programs and services, 75% of the respondents said that coordination among programs was at “medium” to “high” levels in their area of injury prevention. The levels of coordination among programs and services slipped when asking about injury prevention in general, with over half (56.3%) rating the level as “medium” and the remainder (43.8%) rating the level as “low;” there were no ratings of “high” for this question.

When asked about previous efforts among injury prevention specialists to encourage collaboration, 25% of respondents said overtures to collaborate were viewed as “very welcome,” and the majority (68.8%) reported that such efforts were viewed with “some interest;” only one respondent felt there was “very little interest” in collaboration.

When asked to describe an example of a successful program that encouraged collaboration, 13 of 16 informants (86.7%) gave an example of a program that encouraged collaboration. Some examples included:

1. A car seat giveaway at Tracy Sutter Hospital with help from Tracy Fire Department and SJC Public Health Services (SJC PHS),
2. A bicycle safety rodeo co-sponsored by local Boys and Girls Clubs, and the Health Plan of San Joaquin,
3. A collaboration between the Women’s Auxiliary Committee of the Medical Society and Stockton Police Dept. for distribution of free bike helmets,
4. The “Water Waves” program between Stockton Parks and Recreation Dept., First 5 San Joaquin and parents,
5. Another collaborative effort around bicycle safety rodeos by the Health Plan of San Joaquin, Stockton Police Dept. and SJC PHS.

For more specific examples of successful programs that encourage collaboration, see the Prevention Program Matrix, Appendix A.

When asked about the effect of current efforts to encourage collaboration, more than half of the informants (53.8%) viewed them as being “very welcome,” while the remaining respondents were equally split between there being “some interest” and “limited interest” (23.1%). When the same question was asked about injury prevention in general, the perceived enthusiasm dropped and the majority responded that there was only “some interest” around current efforts to collaborate.

When asked about attributes of successful coordination, almost three-quarters (73.3%) of respondents indicated motivation as a key factor. Two-thirds of informants thought leadership and support were necessary, and just over half (53.3%) mentioned networking as an essential attribute of successful coordination.

Informants felt that staffing represented one of the most substantial barriers to more extensive collaboration (43.8%). Outreach was seen as another impediment to collaboration, (43.8%) specifically a lack of media coverage and publicity. Informants also indicated that if their organizations' culture did not focus on injury prevention, the absence of a specific prevention focus hampered efforts to collaborate on projects (37.5%). This was especially true for agencies with multiple missions (community health agencies) and agencies with one specific focus (such as law enforcement or fire departments).

When asked about incentives that would successfully encourage collaboration, informants largely reported funding as the top incentive (62.5%) followed by outreach events, such as promotions, giveaways and community recognition by local government leadership (56.3%). Other informants indicated that staffing and leadership roles were helpful (31.3%). And finally, accessibility and policy decisions (such as structuring grant funding to provide incentives for those organizations that collaborate on initiatives) each garnered some support with respondents (18.8% each).

Summary

Informants felt that service coordination was higher amongst their own injury area of focus, and that people are quite willing to collaborate. According to their responses, several larger organizations seem to be doing the majority of collaboration such as Public Health Services, fire departments, and police departments. At least one informant had concerns about working with "bad collaborators," which were described as not completing tasks as agreed upon. A lack of essential staff, insufficient publicity, low recognition of the importance of injury prevention amongst organizations with these programs and the population appeared among the top service coordination concerns. Finally, funding was seen as an essential ingredient to encourage collaboration along with increased promotion of prevention services and boosting available staff time.

Quality of Services

When questioned about the injury prevention community's efforts to evaluate its programs, only two informants (14.3%) felt that all programs in their injury area have an evaluation component. Most informants indicated that either "some" programs have an evaluation component (42.9%) or that "very few" programs have an evaluation component to their services (42.9%). When asked the same question about injury prevention services in general, the responses were similar.

Informants were asked about the use of best practice guidelines in their injury prevention area and more than 60% answered that program staff in their injury area were familiar with best practices and implemented them at least "most of the time." Just under a quarter of respondents indicated that programs were unfamiliar with best practices (23.1%). When asked the same question about injury prevention in general, informants perceived that 70% of the general injury prevention programs in the county were "familiar with and implementing best practices most of the time." A handful of all informants responding to this question (13.3%) felt that general injury prevention program staff were unfamiliar with best practice recommendations.

Informants noted a need for additional training and technical assistance for program staff, with the overwhelming majority (87.5%) indicating that their staff could benefit greatly from additional technical assistance within their specific unintentional injury prevention area.

Informants also were asked about the sources for unintentional injury prevention technical assistance in San Joaquin County. Forty percent of those responding replied that there were no specific county sources for technical assistance available. These respondents named the following resources for their technical assistance needs: the California Office of Traffic Safety (OTS), California State Automobile Association (CSAA), American Pediatric Society, UC Davis Medical Center's California Poison Control Services (UCDMC-CPCS), and professional fire fighter-related websites.

Sixty percent of the informants responding indicated that there was technical assistance available in the county and they listed the following sources: the Human Services Agency, San Joaquin County Public Health Services, the American Red Cross, local police department, local fire department, First 5 San Joaquin, and the California Department of Boating and Waterways. Most informants who stated that technical assistance was available in the county indicated Public Health Services as the sole source or in conjunction with one other of the previously mentioned agencies. One respondent from a community clinic named "in house" sources as their option for injury prevention training.

When asked what barriers or factors limit the quality of a specific injury prevention program, respondents rated staffing as the top concern (53.8%) followed by funding (46.2%), and program accessibility (38.5%). Coordination and outreach were also mentioned as concerns (30.8% each), and only one informant mentioned lack of policy as an issue. Just over half, 53.8 %, of informants felt funding was also a challenge for general injury prevention programs. Informants rated the following areas to be potential barriers for general injury prevention programs: 46.2% stated staff qualifications, 30.8 % indicated outreach, and 23.1% mentioned program accessibility as key concerns.

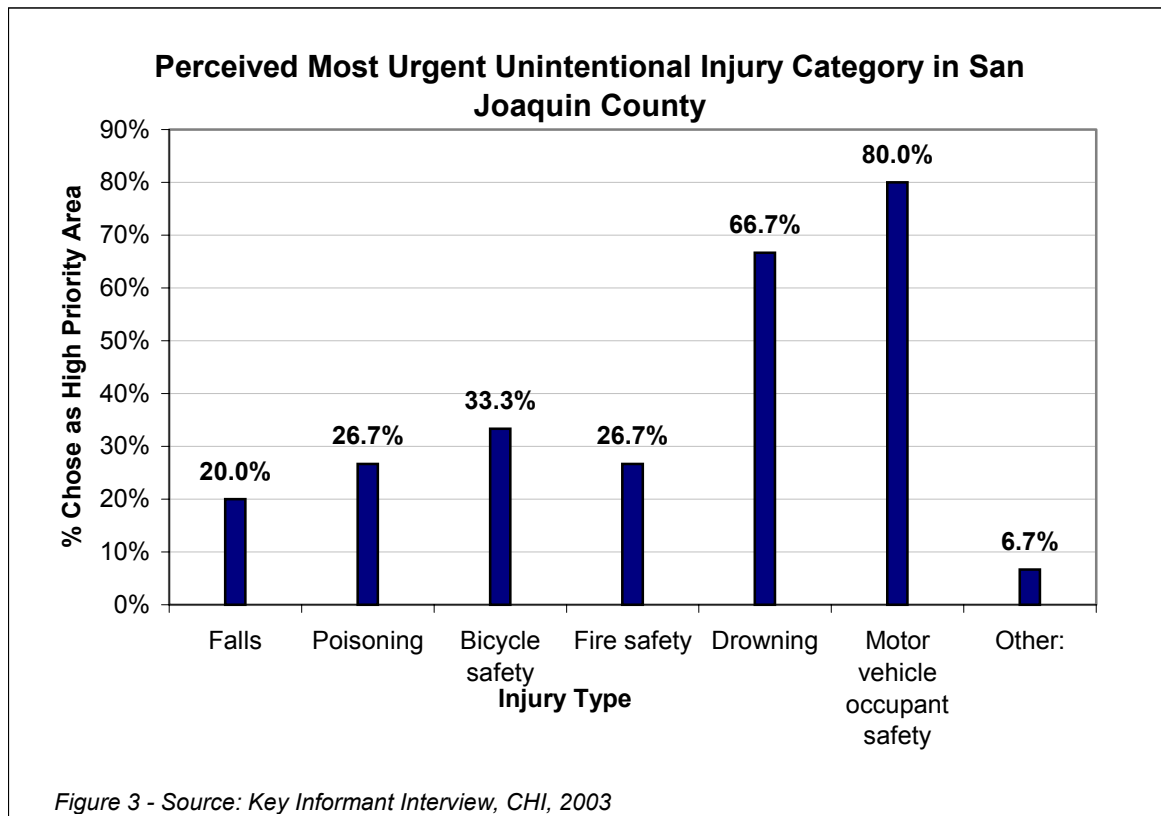
Summary

Informants were unsure whether program evaluation exists on a regular basis in San Joaquin County, however they were more confident that certain "best practices" were being implemented in programs countywide. Informants also desired extra technical assistance to educate their staff, but many seemed unaware of resources available in the community. Respondents felt that program quality was hampered by lack of staff and funding, as well as a lack of resident access to programs. As an example, according to some informants, certain services were available, but were not accessible by bus and transit lines.

Demand for Services

Informants were asked what unintentional injury prevention issues they thought needed the most attention in San Joaquin County amongst fall prevention, poisoning, bicycle safety, fire safety, drowning and motor vehicle occupant safety. Respondents were given

the option to answer with more than one injury prevention category they thought warranted concern and to add additional injury categories they felt should be included. The majority of informants chose motor vehicle occupant safety (80%) followed by drowning (66.7%) then bicycle safety (33.3%); poisoning, and fire safety tied (26.7%), and fall prevention accounting for the fewest number of responses (20%). One informant mentioned suffocation, child pedestrian injuries, and environmental causes as additional injury categories worth pursuing.



Just over 40% of the key informants rated the public's awareness of the importance of preventing childhood injury as "somewhat aware" and more than 50% of respondents rated the public as "not very aware of the importance of this issue."

Furthermore, 43.8% of respondents felt that the public's awareness of this issue had not changed in the last three years. Of those who felt that public awareness had changed, 43.8% of respondents felt that the public's awareness had increased over the last three years, while 12.5% felt that public awareness had decreased.

Summary

Informants ranked motor vehicle occupant safety as their top concern, followed closely by drowning, bicycle safety, poisoning, and fire prevention. Informants also felt that the public could be more informed about the importance of injury prevention, and while some improvement has been made, there remains room for improvement. Informants

seemed split on whether public awareness has not changed or whether it has improved somewhat over the past three years. These responses indicate a need for more effective, coordinated approach to publicity around unintentional injury issues and concerns.

Recommendations

The following recommendations are based upon the preceding analyses of two primary information sources: the most recently available injury and program data from San Joaquin County, and responses from key informant interviews of leaders in the field. In addition, the recommendations take into consideration acknowledged best practices for effective community injury prevention as described in *The Spectrum of Prevention: Developing a Comprehensive Approach to Injury Prevention*, Cohen & Swift, and other sources.

Recommendation #1: Hire a Full Time Injury Prevention Coordinator

The majority of key informants mentioned the need for someone to keep track of and organize all the injury prevention programs county-wide. Informants responded that there were resources already in the community, but that they were not well-organized or publicized. Comments included the following: “parents are not showing up with their kids to view the presentations and learn about legislation and safety,” “The resource directory needs to be reorganized,” “...some departments are unaware of programs and the importance of car seat and bike helmet programs,” “[it] would be helpful to have all organizations linked by one person or organization,” “[I] recommend a coordinator because someone needs to [educate] organizations about how to be good collaborators...” “lots of agencies do this [provide injury prevention services] but not necessarily well coordinated and there is some competition.” A full time coordinator could harness the existing enthusiasm around injury prevention and help channel efforts to focus on the populations most in need, seasonal injury concerns, effective use of available media, creating collaboratives, and securing further funding for the county.

This coordinator’s position would include the following duties:

- a. Maintain and regularly update a database of programs, contacts, events, and learning opportunities organized and available to all injury prevention professionals, para-professionals and volunteers while working to market the principles of prevention throughout the county. Promote the use of this local program information everywhere possible. Organize and coordinate injury prevention efforts and promote systems change to develop new methods of delivering health education messages. Encourage participation in regular injury prevention round-table meetings among all county injury prevention experts, and add electronic resources such as a web-based information source (bulletin board, listserv or website) so that information about upcoming events, training, and season-specific injury information is easily accessible.
- b. Contact, review and update on an ongoing basis injury prevention programs and personnel to identify and create opportunities for collaboration. The coordinator will need to think “cross-county” and add county prevention programs to a pool of resources

by injury category and region. Raise public awareness in San Joaquin County around injury prevention and efforts by leveraging local media outlets, securing funding for new public relations campaigns, and using pre-existing media materials such as PSAs and television programs year round and at seasonally advantageous intervals.

c. Research with all injury prevention programs in San Joaquin County the best practice recommendations that nationally recognized organizations (i.e.- National Highway and Traffic Safety Administration (NHTSA), the CDC, California Department of Health Services (DHS), World Health Organization (WHO), etc.) have adopted for their specific area of injury prevention and facilitate implementation in their programs where absent. Efforts should include bringing needed technical assistance to program staff to build capacity around newly implemented best practices.

d. Collaborate with San Joaquin First 5 Program Coordinator to ensure current and future First 5 contractors receive messages and materials about injury prevention where appropriate. Implement inclusion of unintentional injury prevention information in *Welcome Baby Kits* distributed throughout San Joaquin County to all new parents.

Recommendation #2: Promote Policy Incorporating Injury Prevention in the Schools

In conjunction with the existing School Readiness Initiative, coordinate with the San Joaquin County Office of Education and all school districts to adopt policy inserting injury prevention programming and messages in their curriculum as a proactive step versus as a reactive measure when an injury occurs.

Recommendation #3: Promote Multilingual Translation of Program Materials

Ensure that current and future contractors have as part of their programs a policy to translate all injury prevention materials in at least two languages, based on the client population served by the contractor.

Recommendation #4: Improve Unintentional Injury Data Tracking Systems

By committee or other such collaborative method, regularly track data from San Joaquin county by coordinating with Emergency Medical Services (EMS), First 5 San Joaquin, SafeKids Coalition, and Public Health Services to shift resources to the injury category and geographic region with highest need.

If hired, the injury prevention coordinator should be involved in organizing data collection and helping ensure a comprehensive data tracking system is established.

Recommendation #5: Funding to Include Evaluation, Standards and Translation

Any call for proposals in future funding cycles should incorporate opportunities for increased program evaluation, adherence to prevention best practice standards, and requirements for multilingual program materials. Ensure that injury prevention programs are incorporating and implementing an evaluation component so that programs are continuously improving their services for their specific area of injury prevention.

Provision of technical assistance to key program staff working on program evaluation, best practice standards or translation services is essential.

Unintentional Injury Funding Opportunities

When questioned about the current sources of funding for unintentional injury prevention programs, the responses from the key informants ran the gamut from public to private sources. Here is a summary of their existing and previous sources of funding:

Private Foundations: non-profit hospitals, San Joaquin County Medical Alliance/Auxiliary, Kiwanis and Rotarians (assorted business fraternities and sororities), local businesses or local chapters of larger businesses/corporations, The California Wellness Foundation

Public Funding: The Office of Traffic Safety, First 5 San Joaquin, California Department of Health Services (Maternal and Child Health Block Grant), National SafeKids Coalition, California Association of Public Hospitals, County Health Departments, Federal Health Resources and Services Administration funds, California Poison Control Services

Private Foundations

California Wellness Foundation – Special Projects Fund

Each year, the Foundation sets aside a pool of dollars to respond in a timely fashion to opportunities that fit their mission but are outside the eight funding priorities. Of particular interest to the Foundation are proposals to help California communities deal effectively with the health impact of the shift of federal responsibilities for health and human services to state and local levels. The Foundation has made grants to support and strengthen safety net providers of preventive care, to help low-income consumers understand and navigate changes in the health care system, and to inform public decision making through policy analysis and advocacy.

The California Endowment – Local Opportunities Fund

The goal of the Local Opportunities Fund is to provide grants of up to \$50,000 to support projects or organizations that focus on local health issues. Priority will be given to applications that demonstrate one or more of the following:

1. Address a locally defined health need or health-related priority in an underserved community,
2. Are from a grassroots, nontraditional and/or emerging organization, or that address an issue or community that traditionally does not benefit from mainstream funding resources,
3. Utilize the talents, cultures and assets of the local community to address the health priorities of that community.

There are three funding cycles with fixed deadlines.

Sierra Health Foundation – Health Leadership Program

The Sierra Health Foundation created the Health Leadership Program to strengthen the leadership skills of current and future leaders of nonprofit organizations and public agencies whose mission is dedicated to improving the health of northern Californians.

The goal is to send a diverse group of highly skilled leaders back into their community - better skilled, further motivated, with a stronger vision - to lead those around them into a healthier twenty-first century. The Foundation's Health Leadership program could be instrumental in developing injury prevention professionals in the community.

The Public Welfare Foundation - Health

A national foundation that works to improve the health and working/living conditions of disadvantaged populations in the United States. Their Preventive and Primary Services section focuses on programs that provide services to the medically under served, with prevention services as a primary component. Grant amounts range from \$10,000 to over \$100, 000 with the average grant at around \$44,000.

Commission Leveraging Recommendations

Below are potential opportunities to leverage resources that are currently available for First 5 San Joaquin County Children and Families Commission:

First 5 San Joaquin Children and Families Commission Contractors

Various contractors can be used to deliver injury prevention messages and materials, especially bicycle safety information, instruction and training materials such as bicycle helmets and safety rodeos, child safety seat check-ups and drowning prevention program information.

Welcome Baby Kits

These kits designed for parents of newborns represent an amazing opportunity for unintentional injury information. Welcome Baby Kits can include information about how parents can access the California Poison Control Service at UC Davis Medical Center through their emergency number. The Welcome Baby Kits could also include information about choking and suffocation hazards as well as how to prevent common unintentional injuries around falls and burns from fires and household items.

School Readiness Initiative

As mentioned in Recommendation #2, the School Readiness Initiative offers rare opportunities for delivering injury prevention messages to preschool children and their families. By working with local school districts, unintentional injury prevention information can reach a much wider audience in the populations where prevention is most needed.

Potential Collaborators

Local educational consortiums and social justice organizations also present prime opportunities for collaboration and in-kind donations. An injury prevention coordinator could reach out to these and other organizations to leverage their community connections and services.

School Districts

Any one of the 15 school districts within San Joaquin County may make compelling partners when applying for grant funding. Many foundation initiatives and funding program guidelines include educational components. In addition, working with a school district increases the ability to disseminate information to the prime audience for childhood unintentional injury information: parents.

The 15 school districts are: Tracy Unified, Stockton Unified, Lodi Unified, Manteca Unified, Lincoln Unified, Linden Unified, Ripon Unified, Escalon Unified, Banta Elementary, Holt Union Elementary, Jefferson Elementary, Lammersville Elementary, New Hope Elementary, New Jerusalem Elementary, Oak View Union.

Major Employers and Large Retailers

Businesses provide additional opportunities for donations and sponsorship and make good collaborators for information dissemination. Large retailers are often also large employers and by approaching large businesses for a donation or sponsorship, the Commission could also request access to employees for presentations or distributing materials. Some retailers may want their logo displayed on materials they helped fund, which can benefit all parties. Larger automotive groups or an auto mall might participate in transportation-focused giving to provide child seats and/or locations for safety seat check points. Large homebuilders could be contacted to potentially fund home-safety related unintentional injury programs or materials specific to home fire safety or fall prevention programming.

Also large retailers such as Wal-Mart, Target, Costco, Sam's Club, etc. have historically been receptive to community-based collaboratives and should be considered for sponsorship. Once a project is defined and specific needs are assessed, an injury prevention coordinator or other representative of the collaborative effort can make contact with these local retailers and designate a time to meet to discuss the proposal. Requests for funding or in-kind donations should be flexible and several options should be available to discuss during this sponsorship negotiation process.

An example of such a partnership is the Lowe's Hero Fire Prevention Campaign. Stockton Lowe's Home Safety Hero's educate the community about fire safety. Lowe's and the Home Safety Council created the Lowe's Hero's Program in 1996 with a vision toward safer American homes. Lowe's store volunteers, the Stockton Fire Department, American Red Cross, and the YMCA Cheadle Family Center are co-sponsoring an event with the Children's Museum of Stockton to educate parents and children on basic fire safety tips.

National SafeKids Funding Sources

Additionally, organizations and corporations that have come forward to sponsor the National SafeKids campaign may be open to assisting at the local level. The following is a list of funders that have supported childhood injury prevention at the national level: Johnson & Johnson, the NAACP, Bell Sports, Fed Ex, 3M, Gatorade, the United Auto Workers union, General Motors, Toy Industry Association, Children's National Medical

Center, and the National Athletic Trainer's Association. While some of these organizations do not have local or state level chapters there may be similar organizations -- even competitors -- who would welcome the chance to contribute and show a corporate interest in unintentional injury prevention programming.

California Office of Traffic Safety

The California Office of Traffic Safety (OTS), a division of the Business, Housing and Transportation Department offers grants yearly for traffic safety projects. The monies can be used by local governmental agencies such as county health departments or Emergency Medical Services to fund traffic-related injury prevention projects. The call for submission of concept papers comes out in November and is often mailed to local governmental agencies automatically, but can also be viewed on the Office of Traffic Safety's website.

Organizations in the Community

California Consortium of Educational Foundations

A resource for Local Educational Foundations, or LEFs, this site contains information helpful to organizations wanting to partner with LEFs in their community to organize a safety event, safety campaign or distribute child safety materials.

Peace and Justice Network of San Joaquin County

This organization hosts a local cable TV program and produces a monthly publication, both of which could be used to increase awareness of unintentional injuries in San Joaquin County and the local efforts to reduce them.

University of the Pacific Stockton

The Community Involvement Program offers assistance to underrepresented students and also encourages students to visit the community and get involved in the surrounding area through a variety of local area service projects.

References

1. San Joaquin County Injury Report, An Epidemiologic Profile of Injury in San Joaquin County, Prepared by Consolidated Sciences Incorporated for San Joaquin County Public Health Services.
2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, WISQARS (Web-based Injury Statistics Query and Reporting System) data (1998-2000)
3. California Department of Health Services EPIC (Epidemiology and Prevention for Injury Control) state and county data (1998-2000)
4. San Joaquin County Trauma System Planning 2003, Trauma Study Statistical Overview, CY 2002 EMS report (June 2003)
5. University of Illinois Extension Service – Office of Program Planning and Assessment. *Key Informant Interviews* (from website: <http://www.aces.uiuc.edu/~PPA/>)
6. Cohen L., Swift S. The Spectrum of prevention: Developing a comprehensive approach to injury prevention. *Injury Prevention* 1999;5:203-207.
7. Office of Disease Prevention and Health Promotion, United States Department of Health and Human Services. Healthy People 2010: Volume II (second edition) (664 pages)

Appendix A: Prevention Program Matrix

	Organization	Car Seat Safety	Bicycle Safety	Water Safety	Poisoning	Fall Prevention	Fire Safety	Materials?	Partners with:	Time of year:	Notes
1	AAA						Y			on-going	Offers CPS tech training
2	CA Dept. of Water Resources						Y				Presentations at schools, Health Fairs w/partners
3	Child Abuse Prevention Council						Y			event	Safe at Home Saturday - big yearly event
4	Children's' Museum										Will offer a 'Safety City' soon.
5	City of Escalon-Parks & Rec										Incorporates H2O safety into 2-week swim lesson program, also CPR offered to community
6	City of Stockton-Parks & Rec									seasonal	
7	Community Partnership	checks	helmets						SKC		Celebration on Central Street Health Fair
8	Dameron Hosp/Clinic Patient Educ .	classes							PHS		Prenatal clinic distributes car seats with deliveries. Also safety and CPR classes for new parents
9	El Dorado Healthy Start		rodeo				Y				
10	El Dorado School										Used SafeKids materials, hosted bike checks and helmet giveaways, plan future collaboration
11	Family Resource & Referral						Y		CBOs		Provider/partner of workshops on variety of issues, outreach incl daycare safety
12	Finis Inc.			PFD's							Minimal local involvement, H2O safety program, active w/ Nat'l SafeKids
13	HPSJ	materials	helmets	materials			Y		PHS	reg/hol.	Media campaigns/PSAs, newsletters, grantwriting
14	King Family Center									reg/annual	Healthy Start Clinic, Annual Health Fair
15	Lathrop Police Dept.		rodeo/hel							1-2x/year	Annual bike safety rodeo with helmet giveaway. Bike safety, Home Alone Safety (latch key kids), and Neighborhood Safety taught in schools.
16	Lodi Boys & Girls Club	classes									No related programs currently, but provide space for common mtgs., parent educ.
17	Lodi Fire Department								LPD		Home Alone Trainings in coll. W/ LPD
18	Lodi Parks & Recreation										Skateboarding safety also
19	Lodi Police Department	checks	helmets								Recently got child safety seat techs
20	Manteca Boys & Girls Club		helmets						many		Good partners/collaborators
21	Manteca Parks & Recreation								K-12		Playground safety, Health Fairs
22	Manteca Police Depart.		rodeos				Y				
23	National Safe Kids Campaign						Y				Media and event materials

Appendix A: Prevention Program Matrix

	Organization	Car Seat Safety	Bicycle Safety	H2O Safety	Poisoning	Fall Prevention	Fire Safety	Materials?	Partners with:	Time of year:	Notes
24	Public Health Services	fittings/etc	rodeos/hel		lead			Y	many	on-going	Car seat donations, fitting station & diversion classes, community presentations, and quarterly school surveys.
25	SJ Medical Society		helmets					Y			Helmet purchases & media/posters on kids left in hot cars
26	SJC Sheriff's Dept.	checks	rodeos	patrol boat							Child death review teams
27	SJGH/Emergency Dept./ICN/										Car seats incl. special needs, classes for new parents, free seats if needed and all staff trained on 0-6 child pass safety (grant funded)
28	St. Joseph's Medical Ctr.							Y			Car seat subsidy linked to prenatal classes
29	State Farm Insurance							Y	many		Source of funds for local groups, provide safety kits, 911 simulation., car seats, bike rodeos, H2O safety.
30	Stockton Fire Dept.	checks							many	seasonal	Fire prevention. month, fire safety, smoke alarms, donate facilities
31	Stockton Parks & Recreation			swimclass						seasonal	Swimming classes, special groups, "water waves" (grant-funded 0-5 outreach year round as requested by local organizations) via First 5 San Joaquin.
32	Stockton Police Dept.	checks	rodeos					Y	PHS		Officers trained as child seat techs and work checkpoints, coll. w/PHS to distribute helmets
33	El Concilio	techs							State Farm		School readiness, home visitation, workshops(e.g., fire safety), parent educators(multi-lingual)
34	SUSD-Health Services								PHS		Work with PHS
35	Sutter Tracy Hospital							Y	PHS		Car seat techs/checks, health and safety fairs
36	Tracy Boys & Girls Club		rodeos/hel								Have provided helmets and bike rodeos in the past
37	Tracy Family Practice	classes						Y			Community Medical Ctr, car safety class for community & prenatal clients (Spanish)
38	Tracy Fire Care	checks									"Tracy Cares" car seat program
39	Tracy Interfaith Ministries	referrals									First 5 San Joaquin grants have allowed them to offer free car seats. They are planning to show a car seat safety video as well.
40	UCDMC-CA Poison Control										Offers round the clock poison emergency information and will travel to SJC to deliver training
41	Woodbridge Medical Grp.							Y	SJGH		"Healthy Beginnings" prenatal clinics
42	YMCA		rodeos		lead			Y	PHS/CBOs		Health fair in October, fire safety too

Appendix B - Program Information Verification

Program: _____

Contact person filling out form: _____

Phone: _____ Email: _____

Directions: Thank you for taking time to review the program data below (based on our conversation with you), and make changes as necessary.

1. Injury prevention services you provide:

- a. ☐ Motor vehicle occupant safety
- b. ☐ Drowning
- c. ☐ Bicycle safety
- d. ☐ Fire safety
- e. ☐ Poisoning prevention
- f. ☐ Fall prevention

2. What service area do you cover in San Joaquin County?

- a. ☐ North
- b. ☐ South
- c. ☐ Central
- d. ☐ County-wide
- e. ☐ Other (City, town, unincorporated area)

3. Costs of services and language availability:

I. Example: Bicycle safety presentations

a. Cost:	b. Language
i. <input type="checkbox"/> Free	i. <input type="checkbox"/> English
ii. <input type="checkbox"/> Sliding scale (range): _____	ii. <input type="checkbox"/> Spanish
iii. <input type="checkbox"/> Other: _____	iii. <input type="checkbox"/> Cambodian
	iv. <input type="checkbox"/> Other: _____

II. Example: Drowning safety materials

a. Cost:	b. Language
i. <input type="checkbox"/> Free	i. <input type="checkbox"/> English
ii. <input type="checkbox"/> Sliding scale (range): _____	ii. <input type="checkbox"/> Spanish
iii. <input type="checkbox"/> Other: _____	iii. <input type="checkbox"/> Cambodian
	iv. <input type="checkbox"/> Other: _____

III. Example: Lead poisoning prevention services:

a. Cost:	b. Language
i. <input type="checkbox"/> Free	i. <input type="checkbox"/> English
ii. <input type="checkbox"/> Sliding scale (range): _____	ii. <input type="checkbox"/> Spanish
iii. <input type="checkbox"/> Other: _____	iii. <input type="checkbox"/> Cambodian
	iv. <input type="checkbox"/> Other: _____

4. Multilingual educational materials available?

- a. ☐ No
- b. ☐ Yes, languages: _____ Reading level: _____

5. To provide these services, do you partner with other organizations?

- a. ☐ No
- b. ☐ Yes, who: _____

Please refer questions to Jeffery Hall at the Center for Health Improvement, 916-930-9200.

PLEASE FAX BACK BY June 23rd 2003 to 916-930-9010

Appendix C - San Joaquin County Unintentional Injury Key Informants

- 1. Elaine Hatch – San Joaquin General Hospital – Emergency Medical Services Administration**
- 2. Gloria Nomura – Stockton Vice Mayor**
- 3. Susan DeMontigny – SJC – Public Health Services**
- 4. Patricia Miller-Battiste – Stockton PD**
- 5. Gina Delucchi – Stockton Parks & Rec Dept.**
- 6. Rex Osborn – Manteca P.D.**
- 7. Jim Haskell – Tracy Fire Cares**
- 8. Charles Hughes – SJC – Public Health Services**
- 9. Krista Dommer – SJC Public Health Services**
- 10. Robin Morrow – Health Plan of San Joaquin**
- 11. Becky Knott – Community Medical Center**
- 12. Jamie Panos – Stockton Unified School District**
- 13. Felipe Rodriguez – Stockton Fire Department**
- 14. Judith Alsop – California Poison Control/ UC Davis Medical Center**
- 15. Anthony Silva – American Red Cross, SJC Chapter**
- 16. Ron Waddle – Manteca Fire Department**

Appendix D – Key Informant Interview Survey Tool

San Joaquin Unintentional Injury Project: *Key Informant Interview*

The Center for Health Improvement (CHI) has a contract with the San Joaquin to inventory current injury prevention resources in San Joaquin County, assess the sufficiency of current resources and service coordination, and make recommendations outlining the most promising opportunities for additional services and service collaboration within the county. Specific data from this interview will remain confidential; however, the aggregate findings will be shared with the Commission.

The survey questions inquire about your perception of injury prevention services and programs in San Joaquin County—with an emphasis on issues related to coordination of services, quality of services, and the demand for services. Importantly, I will ask you to answer many of the questions from two perspectives: first, from the perspective of your area of expertise; and then again in broader terms pertaining to injury prevention programs and services in the county. Thank you for your willingness to share this information with us. The interview will take approximately 30 minutes.

I. Coordination of services:

1. Based on your experience working in San Joaquin County, what is the level of coordination (knowledge of and contact with other programs) among injury prevention programs and services?
 - a. Specific injury type: e.g. – drowning
 - i. High
 - ii. Medium
 - iii. Low
 - b. Injury prevention, in general
 - i. High
 - ii. Medium
 - iii. Low
2. How have **previous** efforts to encourage collaboration (actually working together) been viewed by the injury prevention community?
 - a. Very welcome
 - b. Some interest
 - c. Limited interest
 - d. Very little interest
3. Can you describe for me an example of a successful program to encourage collaboration (actually working together)?: _____
4. How are **current** efforts to encourage collaboration (actually working together) viewed by the injury prevention community?
 - a. Specific injury type: e.g. – drowning
 - i. Very welcome
 - ii. Some interest
 - iii. Limited interest
 - iv. Very little interest
 - b. Injury prevention, in general
 - i. Very welcome
 - ii. Some interest

Appendix D – Key Informant Interview Survey Tool

- iii. Limited interest
- iv. Very little interest
- c. To what do you attribute successful coordination (knowledge of and contact with other programs)? _____
- 5. What are the barriers to more extensive collaboration (actually working together)?
- 6. What types of incentives do you think would encourage organizations to collaborate more often in your specific area of expertise and in general?

II. Quality of services:

- 7. Evaluation is one way of assessing program effectiveness. How do you rate the injury prevention community's efforts to implement evaluation of programs and services on a regular basis?
 - a. Specific injury type: e.g. – drowning
 - i. Most programs have an evaluation component to their services
 - ii. Some programs have an evaluation component to their services
 - iii. Very few programs have an evaluation component to their services
 - b. Injury prevention, in general
 - i. Most programs have an evaluation component to their services
 - ii. Some programs have an evaluation component to their services
 - iii. Very few programs have an evaluation component to their services
- 8. For most unintentional injury issues, there are best practices recommended by nationally recognized experts, such as the National Highway Traffic Safety Administration (NHTSA) or Centers for Disease Control and Prevention (CDC). How well do you think injury programs are adopting these best practices in San Joaquin County? ('Best Practices' refers to service standards agreed upon by content experts)
 - a. Specific injury type: e.g. – drowning
 - i. Are familiar with best practices and implement them consistently
 - ii. Are familiar with best practices and implement them most of the time
 - iii. Are familiar with best practices and do not implement them
 - iv. Are unfamiliar with best practice recommendations
 - v. Don't know
 - b. Injury prevention, in general
 - i. Are familiar with best practices and implement them consistently
 - ii. Are familiar with best practices and implement them most of the time
 - iii. Are familiar with best practices and do not implement them
 - iv. Are unfamiliar with best practice recommendations

Appendix D – Key Informant Interview Survey Tool

9. Many injury prevention organizations incorporate staff development into their organizational practices. Please evaluate the need for additional training and technical assistance services for program staff.
 - a. Could benefit greatly from additional technical assistance
 - b. Could benefit moderately from additional technical assistance
 - c. There is no need for additional technical assistance
10. Is there any organization that provides technical assistance and training on injury prevention in the county?
 - a. No. Where do you go in the state for training and technical assistance? _____
 - b. Yes. Who provides these services? _____
11. In your opinion, what factors or barriers limit the quality of an injury prevention program?
 - a. Specific injury type: e.g. – drowning
 - b. Injury prevention, in general

III. Demand for services & materials:

12. What injury prevention issues do you see as needing the most attention in San Joaquin County?
 - a. Falls
 - b. Poisoning
 - c. Bicycle safety
 - d. Fire safety
 - e. Drowning
 - f. Motor vehicle occupant safety
 - g. Other: _____
13. In San Joaquin County, how do you rate the public's awareness of the importance of preventing childhood injury?
 - a. Very aware and proactive to prevent injuries
 - b. Somewhat aware and active to prevent injuries
 - c. Not very aware of the importance of this issue
14. Has this level of public awareness changed over the last three years?
 - a. No
 - b. Yes,
 - i. Public awareness has increased ____
 - ii. Public awareness has decreased ____
 - iii. To what do you attribute this shift? _____

Appendix D – Key Informant Interview Survey Tool

IV. Resources to Fund Injury Prevention Programs in San Joaquin County

15. Based on your experience, what are the key sources of funding to support (specific injury prevention) programs?
16. Based on your experience, what are the key sources of funding to support injury prevention programs generally?

Appendix E: Geographic Distribution of Unintentional Injury Programs in San Joaquin County

